



DIRES

*Diabetes Information Referral & Education
Specialist Services Training*

Checklist

Please enclose all pertinent material necessary to complete the registration process; failure to do so will result in registration delay.

Make sure that the following information is mailed back in the return envelope provided

- ☐ Completed Registration Form
- ☐ Copy of Credentials
 - Copy of High School Diploma or GED Certification
 - Copy of College/University Diploma; Include transcript(s)
- ☐ Signed (2) MOU's (Memorandum of Understanding) with agency supervisor's signature

Mailing Address:

Maria Matias
Diabetes Prevention and Control Program
Rhode Island Department of Health
3 Capitol Hill, Room 409
Providence, RI 02908

*Register By August 25, 2006
Seating is limited please respond promptly!!*